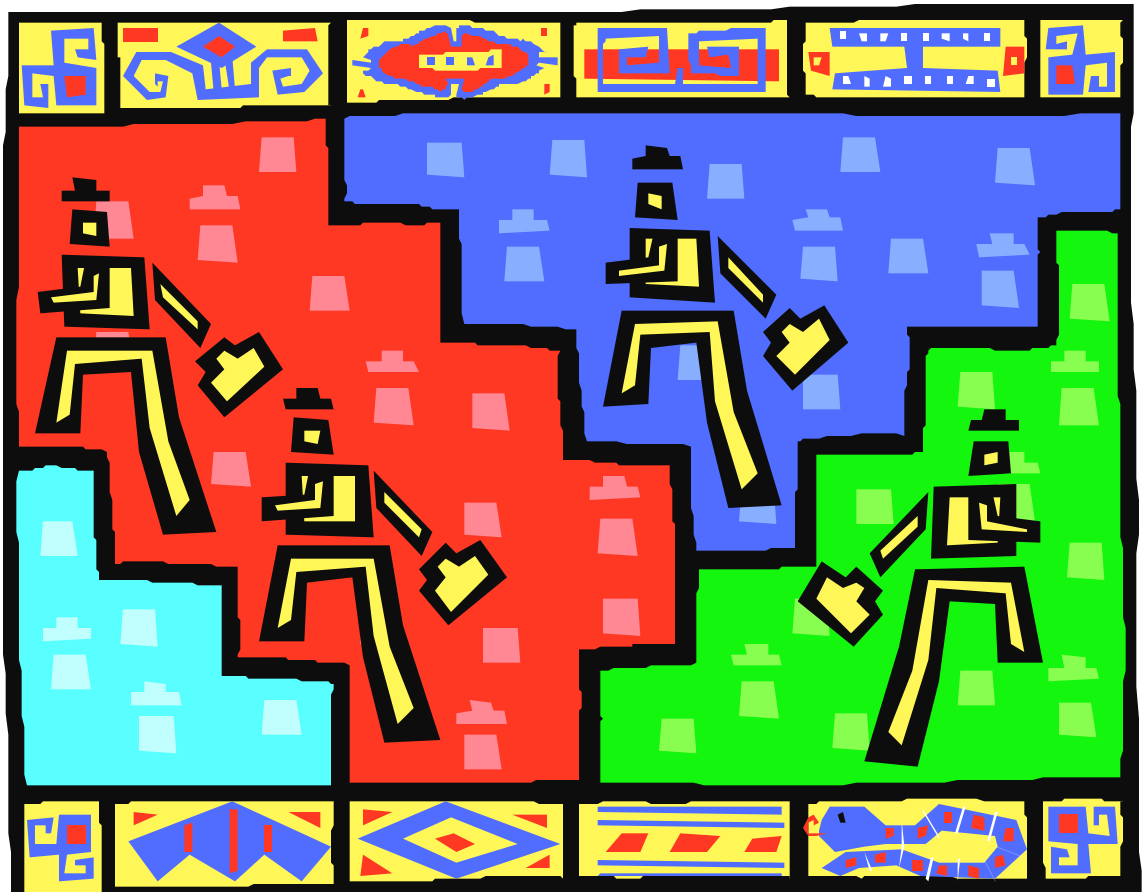


Chapter 5

An Agenda For Change



Building Community Capabilities And Empowerment

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The World Health Organization's *Health for All* goal is recognized as the global strategy to improve community participation in improving health, with the recognition of their capabilities and empowerment. The enabling goals established are to:

- Increase years of healthy life;
- Promote healthy behaviors;
- Protect health;
- Assure access to quality health care;
- Strengthen community prevention; and
- Eliminate health disparities.

Many health problems still persist which hinder social and economic development and must therefore be urgently addressed to further equity in the attainment of health and well being (1).

If the desired outcome of health promotion is equity, its main objective should be to implement participatory strategies towards this goal. It is not possible to develop a convivial and healthy environment without the

participation of individuals and communities (2). Building community capacity and empowering communities to improve living conditions are complex and difficult social and political processes. It is not possible to implement them in a vacuum or out of focus; people need incentives to participate. The best incentive is to provide individuals with opportunities to resolve situations that affect their daily lives.

To work with communities, it is very important to realize that evaluation results are not the only inputs into such decisions.

Decisions are affected also by budgetary considerations, political considerations, and staffing considerations, among others. The goal of the evaluation should be to produce maximally useful data and to present that data in such a way that they can readily be put to use. The most important part of an evaluation process is to involve the community and make it useful for the important decisions that it has to take and identify an involve important stakeholders.

Mobilizing communities means channeling resources: people, goods and services, time, money. The community organization process seeks to stimulate community energies, interests, and resources in a collective response. This organization process is a critical aspect of health action and is a kind of "glue" that maintains citizen interest, nourishes participation in programs, and encourages support for long-term maintenance of successful intervention efforts (3).

Community involvement is based on the principle of participation, which states that's large-scale behavioral change requires the people heavily affected by a problem to be involved in defining the problem, planning and instituting steps to resolve the problem, and establishing structures to ensure that the desired change is maintained. (4). The process requires listening to people and having respectful attitudes towards their rights and values (2).

The principle of *ownership* is closely related to the principle of participation. Ownership means that local people must have a sense of responsibility for and control over programs promoting change, so that they will continue to support them after the initial organizing effort (5).

It is important not to make any kind of analysis about human behavior without first taking in to consideration the human point of view (6). All human behavior responds to a series of needs and the search for their satisfaction.

The concept of *empowerment* refers to the transfer of powers. Is defined in general terms as people's ability to acquire knowledge and to have control over personal, social, economic, and political forces that affect individuals in such way as to allow for improved conditions and quality of life. In the field of the promotion of health care, empowerment is considered as a community intervention strategy (7).

Additionally, empowerment is the process whereby individuals, communities and organizations acquire control or dominion over their lives. For analytical and practical purposes, it may

be classified in three different levels: *at the individual, organizational and community level*. The reason for this new focus is based on the interaction that exists between each level: the individual is not isolated from the community, which in turn is linked with organizations. The development of one level can affect the others directly or indirectly (6).

Two other components must be considered when we talk about empowerment: *capacity* and *equity*. Capacity is the ability that an individual or a community has to solve its problems. Equity reflects the concept of fairness or equality in the distribution of existing resources. The possession of power rests upon the individual that initiates a change with or without the consent of these toward whom change is directed. Individuals and communities can accept the responsibility of behaving for the good of others. Decision-making processes and social changes are easier to achieve with the development of a sense of community. This sense of community offers a sense of power to its members.

On the other hand, the lack of equity represents a big problem when we want to empower the community. The persistence of inequities in health indicates the desperate need to encourage strategies of building community capacity. Community empowerment starts when people listen to each other, engage in participatory and liberating dialogue, identify their commonalties, and construct new strategies for change (8). It is very important to define barriers, problems and solutions to illustrate the real

possibilities of community empowerment.

The following are special considerations that we have to consider when we decide to work with communities and improve their capabilities (9):

- The process of actively involving the community or group is as important as the interventions implemented.
- Community analysis of health conditions and readiness for actions should be done in collaboration with the community and local institutions.
- It is important to guard against the assumptions that all members of a community or group are homogeneous and that one message or one channel of delivery will appeal to the entire group.
- Readiness of the community to work on a particular health issue may

Notes:

- (1) Fifth Global Conference on Health Promotion (June, 2000) Mexico Ministerial statement for the promotion of health. Mexico City.
- (2) Restrepo, H. (2000). Increasing community capacity and empowering communities for promoting health. Fifth Global Conference on Health Promotion. Mexico City.
- (3) Bracht, N. and Kingsbury, L. (1990). Chapter 3. Community organization principles in health promotion; A five stage model. In Bracht, N. (Ed.) Health Promotion and Community Level. SAGE Publications.
- (4) Green, L. (1999)
- (5) Thompson, B. and Kinne, S. (1990). Chapter 2. Social change theory: Applications to community health. In Bracht, N. (Ed.) Health Promotion and Community Level. SAGE Publications.
- (6) Blasini-Cáceres, L. (1995). The transfer of power (empowerment) to the community in order to Improve people's standard of living. United States of America.
- (7) Israel, B., Checkoway, B., Schulz, A. and Zimmerman, M. (1994). Health education and community empowerment: Conceptualization and measuring perceptions of individual, organizational, and community control. Health Education Quarterly. Volume 21, (2).
- (8) Wallerstein N. and Bernstein, E. (Summer, 1994). Introduction to Community Empowerment, Participatory Education, and Health. Health Education Quarterly. Volume 21 (2).
- (9) Bracht, N. ed. (1990). Health Promotion at the Community Level. SAGE Publications.
- (10)

depend on the organizer's ability to integrate other community issues into the overall project design.

- In multiracial and ethnic communities more than one group can be involved in and can collaborate on a community-wide project.

The process of empowering communities is dynamic and ever changing. We have to define how we want to empower the community and how we are going to measure this empowerment. It is recognized that communities need help in this process, but how an evaluator can help must be discussed.

Overcoming Obstacles To Evaluation

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Obstacle

Strategy For Overcoming The Obstacle

Perception that evaluation is punitive.

Use evaluation as a tool for improvement—a learning checkpoint. Make program evaluation a participatory process with community and/or coalition members fully involved.

Evaluation focuses on the wrong measures.

Expand the “menu” of indicators to include community’s priority indicators (both positive and negative). Identify and incorporate community-defined issues into the evaluation.

Evaluation is for academics and it’s intimidating.

Build education and training of community partners into the RFP process. Provide opportunities for interested community members to become active in the evaluation process to help build community evaluation capacity. Offer evaluation training and make evaluation tools and reports “user friendly”.

Communities are reluctant to share negative findings from evaluations.

The community should be involved in analyzing and interpreting findings during the draft results stage and seek consensus on the findings and recommendations. The recommendations should be constructive, practically useful, and implementable.

A participatory process for evaluation is important. Evaluation should be included from the start of a project, beginning with the program’s planning phase. A participatory model should encourage and promote:

- Community-defined evaluation processes and indicators;
- Building of trust between the community, coalition members and persons responsible for conducting the evaluation;
- Airing of any negative perceptions about evaluation and increased awareness of evaluation as a valuable tool to communities and community programs;
- A broader spectrum of indicators that will more accurately account for community processes and practices that contribute to the success of programs;
- Clarification of roles—community coalition members as well as academics;
- Clarification of how the evaluation results will be used and disseminated;
- Evaluations that are tailored to be culturally relevant to the community;
- Accountability of the evaluators to the community;
- Periodic evaluations to enable tracking of indicators of success over time; and
- Capacity building through training and education about how to conduct and fully benefit from the program evaluation process.

Improving Funding Relationships

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It is no secret that relationships between funding and grantee organizations are sometimes marked by lack of trust and mutual understanding. Divergent expectations and lack of clear communication can hamper the achievement of that goal. Below are several recommendations to help address these dilemmas and improve funding relationships that some private foundations are putting into practice:

1. Some level of collaboration or at least a trusting relationship must exist between the funding source and community-based group before major commitments are made. This gives all the entities involved a level of shared understanding about expectations and objectives.
2. Community-based organizations need an opportunity to build their capacity and relationships during an extended planning period of six to nine months. Groups are resourceful, but most don't have a strong network of health and evaluation professionals. Some funders work with community-based group during this stage of their development, and invest in training to bring potential applicants to a point where they can be competitive for grant approval. This model has very positive implications for strengthening community-based organization capacity and building trust.
3. Transparency should be built into the funder's program reviews and decisions about renewal of funding. The evaluation data should be useful and useable for the program operator as well as the funder. There should be a focus on jointly learning from the data and continuously improving the program rather than making a pass or fail decision at renewal time.
4. Funders should recognize the appropriate scale of programs to be operated by community-based organizations. By definition, if an organization is going to be rooted in and focused on a community then its expertise and unique capacity is limited to that community. Community-based organizations bring unique strengths to assist in eliminating disparities only within their own "ecologies". When program requirements force them to expand the geographic scope of their services, they may lose their unique advantage and may overload their management and staff capacity.
5. Funders should recognize that transaction costs, the cost of managing grants for community-based organizations, are higher than for institutional grants. These increased costs are primarily in the staff time it takes to build and maintain a relationship with grantees. It may also require staff with different kinds of competencies as well as sensitivity to community perspectives and cultural differences.

The Benefits Of Change

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To achieve our vision of community-based evaluation, it will take work and require changes on the part of everyone involved: communities, sponsors and evaluators. There will be many benefits from these changes. Here are some thoughts about what needs to change in evaluation, and the potential benefits for improving programs to reduce health disparities.



Building Communities' Capabilities And Empowerment

Better community-based evaluation will require some changes in the ways many communities go about doing business. The changes that many communities will need to make include:

- Clearer specification of program goals and objectives;
- More thinking about the idea or “model” that underlies a program and about its components;
- More time spent with the evaluators to educate them about the program and to discuss the program with them;
- More involvement providing input in creating the evaluation plan and measures;

- More involvement reacting to learnings from the evaluation;
- Investment of some resources in evaluation activities.

The benefits of better community-based evaluation for communities include:

- A clearer idea about what the program intends to accomplish;
- A clearer idea about what program components are critical for success;
- Information about what works and what is in need of change;
- The development of some capacity within the program for evaluation work;
- The development of staff with some evaluation skills.



Building Sponsors' Capabilities To Better Support Community Programs

Better evaluation will require some changes in the ways sponsors go about doing business. The changes that sponsors will need to make include:

- Better understanding of the realities of program development and implementation;
- More flexibility in the definition of outputs, outcomes and impacts, tailored to each program;

- Additional resources devoted to evaluation.

The benefits of better community-based evaluation for sponsors include:

- Better specification of and documentation of goals, objectives and activities;
- Better identification of outputs, outcomes and impacts;
- Better identification of program strengths and weaknesses;
- Better understanding of evaluation among program staff and clients for future projects.



Building Evaluators' Capabilities

Better evaluation will require changes in the ways some evaluators go about doing business. The changes that some evaluators will need to make include:

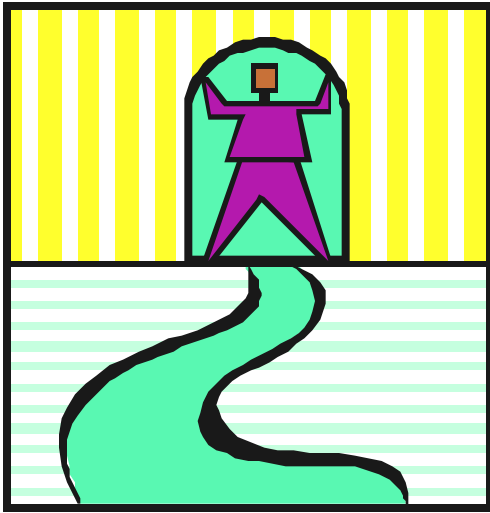
- More flexibility in defining goals, objectives, inputs, outputs, outcomes and impacts;
- More flexibility in selecting evaluation designs that capture all

the important components of a program;

- More use of mixed-method designs to capture all the important aspects of a program's outcomes and impacts;
- More attention to unexpected outcomes;
- More time devoted to evaluation training among program staff and, possibly, clients;
- More time spent with programs to form, develop and nurture the partnership.

The benefits of better community-based evaluation for evaluators include:

- More sensitive designs and measures;
- Better rapport with program clients and staff;
- Greater likelihood of use of findings;
- Greater pool of diverse community-based people who can conduct some basic evaluation activities or who become interested in receiving better training in evaluation (thereby resulting in a more ethnically-diverse population of evaluators);
- Stronger findings that truly reflect the outcomes of a program;
- Stronger contributions to the future development of theory, policy and practice.



Finding Pathway Evaluation

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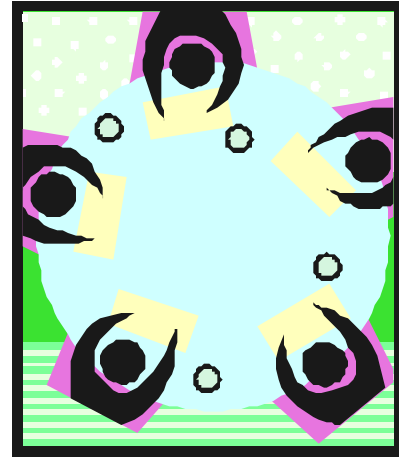
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Building Sponsors' Capabilities

Sponsors who fund interventions and their evaluations, need a better understanding of the pitfalls of traditional evaluation approaches in assessing efforts to reduce racial and ethnic disparities in health. Many messages need to be communicated to government, foundations and other types of funders. This includes:

- The dangers in funding the evaluation efforts of researchers or experts who are outside of the intervention community and who have not demonstrated they have worked with community members to identify issues, interventions and evaluation strategies. Evaluation proposals that do not demonstrate community participation and involvement in intervention design and evaluation plans should not be funded.
- The need to build enough time and resources into the evaluation process to allow for a true participatory approach.
- The need to fund efforts to build evaluation capacity within communities and to build the infrastructure for community research partnerships.
- The need to balance the evaluation interests and priorities of the community receiving the intervention with the interests and priorities of other stakeholders (including the sponsor).
- The fact that a wide variety of data collection methods will likely be needed in this type of work. The evidence regarding the strengths and limitations of particular interventions will often come in both quantitative and qualitative forms.

- The need to better craft requests for proposals to the realities of doing this kind of work. Requests for proposals need to emphasize the importance of considering both the cultural context and the effects of racism within the culture context in the evaluation efforts. Requests for proposals also need to reflect an understanding of the human, financial and time resources involved in evaluating community-based interventions to reduce disparities in health.
- The need to have the "right" people (i.e. those who understand different pathways to evaluation and are not biased against non-traditional approaches) review and score proposals.



These messages need to be communicated to sponsors directly from community representatives and also from the professional researchers and evaluators. Some possible ways in which communication about these issues could occur are as follows:

- Community members with good and bad experiences with evaluation need to share their stories with sponsors.
- A video in which community members discuss good and bad experiences with evaluation, accompanied by a concrete set of recommendations for funders or sponsoring agencies, could be produced and distributed.
- Community members with experience in evaluating efforts to reduce racial and ethnic disparities in health need to identify themselves to sponsoring agencies and volunteer to serve as consultants and as proposal reviewers.
- Discussions of different pathways to evaluation need to make their way into the peer-reviewed literature. Traditional orientations toward evaluation need to be countered with stories and analyses of cases in which traditional approaches did not work well and when alternative approaches found success. Non-academic or non-researcher partners in evaluation efforts, including grass roots community members, need to participate in these articles.

Building Evaluators' Capabilities

Evaluation training at the graduate level needs to incorporate a better understanding of the limitations of traditional evaluation approaches, and alternative pathways to evaluation. Presentations and round table discussions of these issues (which involve community members with good and bad evaluation experiences) and their implications or evaluation curricula should take place at professional meetings and conferences. This will give those people who teach evaluation the opportunity to engage in dialogue about alternative approaches.

- Model curricula for teaching public health evaluation approaches at the graduate and undergraduate level could be developed and disseminated.
- People who have finished their formal schooling also need opportunities for re-training or re-tooling in the area of evaluation.
- Training programs within government agencies should include instruction and discussion of non-traditional, participatory approaches to evaluating health disparity interventions.
- Community members need to communicate with professional evaluators about what works and does not work in evaluations of community efforts to reduce health disparities. This needs to occur through venues that reach this professional group. Although it may be difficult to achieve, the voice of community members regarding the need for new approaches to evaluation needs to reach evaluators.
- Both positive and negative case stories regarding evaluations in the area of racial and ethnic disparities in health need to be shared often and widely. Evaluators who have made mistakes need to be willing to acknowledge their mistakes and what can be learned from them.

